

Martha G. Bronitsky
Chapter 13 Standing Trustee
6140 Stoneridge Mall Rd #250
Pleasanton, CA 94588-4588
(925) 621- 1900

Trustee for Debtor(s)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

In re
Jon Samuel Roberts

Chapter 13 Case No. 10-47723-RLE13

**OBJECTION TO CLAIM #2 AND
NOTICE THEREOF WITH
CERTIFICATE OF SERVICE**

debtor(s)

OBJECTION TO CLAIM

I, Martha G. Bronitsky, Chapter 13 Standing Trustee, hereby object to the claim of:
Wells Fargo Bank
Attn: Officer Christine Fowler
Po Box 31557 Mac B6955-01B
Billings, MT 59107
(Creditor)

Trustee has received a notice for claim #2 stating Account is now closed. Said notice is attached to this objection. Creditor is entitled to keep any funds already received and this claim is disallowed upon entry of order granting this objection.

NOTICE

NOTICE IS HEREBY GIVEN

(i) That local rule 9014-1 of the United States Bankruptcy Court for the Northern District of California prescribes the procedures to be followed and that any objection to the requested relief, or a request for hearing on the matter must be filed and served upon initiating party within 28 days of mailing of the notice;

(ii) That a request for a hearing or objection must be accompanied by any declarations or memoranda of law the party objecting or requesting wishes to present in support of its position,

(iii) That if there is not a timely objection to the requested relief or a request for hearing, the court may enter an order granting the relief by default; and

(iv) Either: (a) That the initiating party will give at least 10 days written notice of hearing to the objecting or requesting party, and to any trustee or committee appointed in the case, in the event any objection or request for hearing is timely made; or (b) The tentative hearing date.

/s/ Martha G. Bronitsky

Signature of Martha G. Bronitsky
Chapter 13 Standing Trustee

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it in the United States mail with first class postage in a sealed envelope addressed to the aforementioned claimant, debtor and counsel for debtor.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Jon Samuel Roberts
326 Eastridge Dr
San Ramon, CA 94582

Patrick L Forte Atty
1 Kaiser Plaza #480
Oakland, CA 94612

(Debtor(s))

(Counsel for Debtor)

Also notify:

Wells Fargo Bank
Attn: Managing Agent
1 Home Campus Mac X2303-01A
Des Moines, IN 50328-0000

WELLS FARGO BANK, NATIONAL
ASSOCIATION
Attn: Officer
2710 GATEWAY OAKS DR STE 150N
SACRAMENTO CA 95833

Wells Fargo Bank
Attn: Managing Agent
P.O. Box 54180
Los Angeles, CA 90054-0000

I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it in the United States mail with certified mail postage in a sealed envelope addressed to the aforementioned address.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1 WELLS FARGO BANK, NATIONAL
2 ASSOCIATION
3 Attn: Officer
4 101 N PHILLIPS AVENUE
5 SIOUX FALLS SD 57104

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Date: March 03, 2015

/s/ Bayron Balcarcel

Bayron Balcarcel

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| UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA | | PROOF OF CLAIM |
| Name of Debtor: JON S ROBERTS | | Case Number: 1047723 |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Wells Fargo Bank, N.A. | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____ |
| Name and address where notices should be sent: Wells Fargo Bank, N.A. Home Equity Group X2303-01A - 1 Home Campus Des Moines, IA 50328-0001 Telephone number: 1-800-241-0039 | | |
| Name and address where payment should be sent (if different from above): Wells Fargo Operations Center P.O. Box 31557 MAC B6955-01B Billings, MT 59107 Telephone number: 1-800-241-0039 | | |
| 1. Amount of Claim as of Date Case Filed: \$104,756.41 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ |
| 2. Basis for Claim: Money Loaned (See instruction #2 on reverse side.) | | |
| 3. Last four digits of any number by which creditor identifies debtor: 172205939 WFCHEQ1047723CAN14749300 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) | | |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: 236 CANYON WOODS WAY UNIT F SAN RAMON, CA 94583 Value of Property: \$ 315,000.00 (estimated) Annual Interest Rate 8.451% Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$9,805.84 Basis for perfection: Mortgage/Deed of Trust Amount of Secured Claim: \$104,756.41 * Amount Unsecured: \$ 0 | | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Date: 08/02/2010</div> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ Christine Fowler Bankruptcy Representative | | FOR COURT USE ONLY |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**WELLS
FARGO**

Loan Servicing Center
2324 Overland Ave
Billings, MT 59102
wellsfargo.com

May 12, 2014

Martha G Bronitsky, Chapter 13 Trustee
PO Box 9077
Pleasanton CA 94566

RE: Account Number ending in XXXXXX93000001

Dear Martha G Bronitsky, Chapter 13 Trustee:

Wells Fargo is unable to process the enclosed payment as the account is now closed.

If you have any questions or if we can be of further assistance please contact us at 1-800-361-9985. Please note our hours of operation are Monday through Thursday 7:00 a.m. to 9:00 p.m., Friday 7:00 a.m. to 5:00 p.m., and Saturday 7:00 a.m. to 4:30 p.m. CST. For TDD assistance call 1-866-289-2069.

Sincerely,

Wells Fargo Bank, N.A.



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